

CHARLES COUNTY HEALTH BENEFITS PROGRAM

Premiums effective for July 1, 2019 - June 30, 2020 Plan Year

| COBRA TOTAL MONTHLY PREMIUM | | | | |
|------------------------------------|------------|------------|----------|----------|
| Individual | \$765.54 | \$529.84 | \$42.81 | \$37.02 |
| Employee + Child | \$1,330.07 | \$1,006.87 | \$65.38 | \$58.80 |
| Employee + Spouse | \$1,593.10 | \$1,218.63 | \$98.22 | \$87.27 |
| Family | \$1,872.87 | \$1,589.58 | \$128.46 | \$113.36 |